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ABSTRACT

The guidebook for parents of learning disabled (LD) children provides answers to questions such as the following: What is a learning disability? How does an LD child behave? What should parents who suspect their child has a learning disability do? Can an LD child succeed in school? How should parents discipline an LD child? How can parents manage a hyperactive child? For example, it is suggested that any combination of the following problems may cause an LD child to fail despite average intelligence: poor concept of time and of spatial relationships, inability to deal with sequence, poor listening ability, problems of attention, inability to receive and organize information from several senses, or poor self-esteem.

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ANSWERS FOR PARENTS OF THE CHILD
WITH LEARNING DISABILITIES

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WHAT IS A LEARNING DISABILITY?

Children with learning disabilities have very different behavior traits, abilities, and disabilities. They can be overactive or quiet and withdrawn; they can be graceful and athletic, or clumsy and poorly coordinated. They can be inefficient with their eyes; or able to learn only by the use of a visual approach. There are children with learning problems who miss the point of what is said to them, and others who learn best through the use of an auditory approach. Some students must see, hear, and feel in order to learn. The learning disability child has average to very superior mental ability but cannot perform well in school. (5)

HOW DOES A CHILD WITH LEARNING DISABILITIES BEHAVE?

There are many signs of learning disabilities. Educators do not become concerned unless they observe several of these disabilities displayed often. If the teacher suspects that a child has learning disabilities she will contact the parents and seek to have the child referred for diagnosis. Parents may also ask for referral of their child. Parents should observe children for the following types of behavior:

1. Words and expressions used by the child in conversation are average or above average for his age group. Oral vocabulary is good.
2. The child cannot read or spell well in spite of excellent teaching and good school attendance.
3. The child may have difficulty expressing his ideas. He may start in the middle or at the end of a story instead of the beginning. (7)
4. Listening ability is usually good except for following.

directions.

5. The child may behave in a way that is not acceptable in his situation. He acts without thinking. He is impulsive.

6. Every new or different object within sight attracts the child's attention.

7. Any noise or movement immediately distracts the child.

8. Attention span is very short even on simple tasks.

9. The child may be very talkative.

10. The child may play too much at the wrong time and find it impossible to sit still for just a few minutes. This type behavior is called "hyperactivity."

11. The opposite behavior where no energy seems present or the child is very slow in thinking is called "hypoactivity."

12. Ability to recall telephone numbers or house numbers is often poor. If you are having the child write a word which you are spelling aloud, he may be able to remember only one letter at a time.

13. Even though there is no hearing loss, ability to hear sounds as they are produced may be inadequate. "Cat" may be heard as "jat". Little meaning may be received from speech. New and longer words may have to be repeated several times before the child can say them correctly.

14. Muscular coordination may be poor. The child may not be able to skip, hop, jump rope, walk a straight line with balance or play most games well.

15. Handwriting may be labored and poor. Copying of homework is slow and difficult.

16. At age eight or older the child cannot tell which shoe goes on which foot. Left and right has very little meaning.

17. The child may be poorly organized in doing home chores, getting ready for school, or in keeping his room clean.

18. The learning disability child is often easily lost if taken to the store or to school by several different routes.

IF PARENTS SUSPECT THEIR CHILD HAS A LEARNING
DISABILITY, WHAT SHOULD BE DONE?

Call the school for a conference with the classroom teacher. This exchange of information may be very valuable in giving both the teacher and you a clearer idea of your child's difficulty and may lead to helpful changes in working with your child.

If the problem is too serious to be handled in the classroom situation, parents can request that the teacher refer their child for a complete diagnosis by a diagnostic team. Parents have the right to choose a school team or a private agency. If an agency outside the school system is chosen, be certain that their report is received by the principal and classroom teacher. The report should be interpreted to the classroom teacher.

When a conference is held with the diagnostician, it is important that the strengths and assets of the child be explained. If any part of the report is not understood, ask questions. Ask for specific ways in which you can help your child at home.

Once the strengths and assets are understood you will be able to find areas of activity in which success and confidence can be gained.

With an understanding of the abilities and disabilities will come more confidence and insight into ways to help your child cope with life at home and at school. Study your child's behavior, in the light of this new information, to discover many practical answers to everyday problems.

Patience will increase and a better understanding of how to help your child will be developed.

If placement in a class for children with learning disabilities is recommended and you agree to this placement, both parents should go for a conference with the special teacher. Wait until she has worked with the child for three or four weeks. Be ready and willing to work consistently at whatever tasks the teacher feels will be beneficial. (8)

ARE PARENTS TO BLAME FOR THIS LEARNING PROBLEM?

Parents have no control over the circumstances which may cause a child to be born with learning disabilities. Something happened some time between the moment of conception and the moment of birth (or shortly thereafter), which caused the learning disability. Parental acceptance and understanding of the child is the first step toward success in school and happiness. No one is to blame. Seek help early to insure achievement in school. (3)

Do not go "diagnosis shopping". Have confidence in the people working with your child. Do not expect rapid and miraculous improvement. Remediation takes time.

IF A CHILD HAS AVERAGE INTELLIGENCE, WHY DOES HE FAIL?

There are many problems which can interfere with learning. A child with learning disabilities may have any combination of these problems.

Poor Concept of Time

Some students have no idea of when it is time for recess, lunch,

physical education or the end of the school day. One fourth grade boy knew when it was time for recess because the janitor placed a wastebasket in the hall just before recess. When he was out of his room and the recess bell rang, he declared it was not time for recess because the janitor had not brought the wastebasket. This boy had no inner sense of time. This poor concept of time includes days, weeks, a month, seasons of the year and even a birthday.

Poor Concept of Position in Space

Left, right, in front of, behind, beside, around, between and other words designating a position in space are not understood. This disability makes following directions for school work almost impossible.

The student may read and write from right to left, top to bottom, or bottom to top of the page.

Catching or batting a ball may be very difficult because of poor judgement of position in space.

Inability to Deal With Sequence

Ability to recall telephone numbers, the order of letters in a word, the order of the events in a story, or a series of directions given by the teacher may be inadequate. All of these tasks are required for the best performance in reading, spelling, language and other school subjects.

Poor Listening Ability

Some students do not learn well by listening even though there is no hearing loss. They are unable to receive meaning from the spoken word -- "hearing they hear not." Some students cannot hear the differences in sounds such as the "f" and "th" sounds and many other sounds. This

disability would affect spelling and reading. Less information would be understood. Inability to shut out background noises in order to listen to the teacher causes a child to miss a great deal of instruction.

Problems of Attention

Inability to attend to more than one thing at a time will greatly hamper language development. The concepts so essential to learning are not developed. Concepts of likenesses and differences, ability to see relationships, to categorize are not developed. Distractability and a short attention span are also attention deficits.

Ability to Receive and Organize Information From Several Senses

Inability to understand and relate information coming from several senses makes learning to read, gain knowledge, and communicate with others a slow process.

Visual Alertness or Efficiency

Even with perfect vision some students do not see small differences in numerals, letters, words, and pictures. The task of careful discrimination becomes more difficult with longer words, words that look alike (trail-trial), and words in sentences. This disability makes it very difficult for a child to read small print or learn to read with a word (visual) approach to reading.

Inability to Express Ideas

A child often has the knowledge required to answer a question but cannot express his ideas in writing. Other students can express themselves in writing but not orally. This disability would make it appear that the student has little knowledge of a subject.

Styles of Learning Differ

Rote learning of multiplication, addition, and subtraction facts, dates, and events is almost impossible for the child with learning disabilities. He usually learns to read and spell better with a well-structured phonics program. He learns arithmetic better by providing a structured program which proceeds from the concrete level (using objects to count), to a semi-concrete level (using pictures), to an abstract level (using numerals only). Some students learn best visually, some auditorily, some visually and auditorily, some must see, hear, and feel to learn. (5)

Poor Self-Esteem

The child with average to very superior intelligence is painfully aware of his failure and experiences much anxiety and frustration. He is aware of the disappointment and concern of his parents and the teacher. It is not unusual for a child with learning disabilities to decide that he is mentally retarded. Inability to excel in sports often makes the situation even worse. The child feels he is a complete misfit. The emotional stress brought on by failure greatly hinders learning. (11)

CAN A CHILD WITH LEARNING DISABILITIES SUCCEED IN SCHOOL?

With early diagnosis and a program of instruction planned on the basis of a thorough evaluation the future is promising. If there is a class in the school for children with learning disabilities the chances for success are even greater. There are also private agencies which work with learning disability cases. (1)

HOW SHOULD PARENTS DISCIPLINE THE LEARNING DISABILITY CHILD?

Each child is different--and yet, children are so much alike in their basic needs, interests, and desires. The following guiding principles will serve well if adapted for the special child.

1. Teach the child to respect the rights of others by placing firm and reasonable limits on behavior. The responsibility here is to teach the child the limits of acceptable behavior so he can gradually learn to be independent and self-controlling.

2. Require that the child do routine, meaningful chores in the home. The responsibility is to teach the child self-respect, good work habits, and work satisfaction.

3. Take time off from the job as parents. The responsibility is to parents and child. Otherwise the child may feel that parents are always at their command and always available.

4. Be truthful about ideas, feelings and standards. The responsibility is to set the stage for good two-way communication with the child, giving the example of honest frankness.

5. Be consistent in enforcement of rules. The responsibility is to teach obedience and respect for all rules. (6)

6. Provide affection, acceptance, and achievement at home. All children have these needs.

7. Praise the child for work well done.

8. Provide as many opportunities for success as possible.

Success breeds success. Failure breeds failure.

9. Give short and simple directions. Remember he/she may need time to think and may have trouble recalling the directions.

10. Respect each other as parents and be in agreement in discipline.

11. Provide a stable home life with enough routine in activities to enable the child to feel secure. Do things together--just the family.

12. Be a good listener when the child comes to discuss a problem. Help him think through his problem and be able to understand it better.

13. Provide opportunities for making decisions. Give the child a choice and let him decide.

14. Provide ways for your child to earn an allowance and teach him to save a certain part, buy essentials with a part, and use a part as he pleases.

15. Avoid excessive anxiety. A child senses this worry and is pressured to perform in a manner of which he is incapable. (10)

HOW CAN PARENTS MANAGE THE HYPERACTIVE CHILD?

Medical Management

Each hyperactive child should be seen by a pediatrician who is familiar with this problem. Seventy-five to eighty percent of all children treated will improve with medication within two weeks. They become less active, better organized, and more diligent in their work at school. Keep a written record of the child's behavior at home after the medication is started. Request that the teacher also keep notes on how the child responds to the medicine. Take these notes to the pediatrician on the second visit so he can tell if the medication needs to be changed. Medication will not eliminate the learning disabilities but will usually enable the child to better attend to instruction and respond better.

Educational Management

Inform the teacher of medical progress and follow suggestions for working with child at home.

Home Management

1. Do not ask the hyperactive child to do the impossible. He/she cannot sit still for long periods. The child forgets rules quickly.

2. Avoid arguing with a hyperactive child as much as possible. The hyperactive child often looks for arguments and will argue a point for hours. It is best if parents do not become trapped into angry arguments. Use only rules which can be enforced.

3. Reinforce talents in a hyperactive child and provide much success. Success in any area helps the child take his defeats in other areas.

4. Teach the hyperactive child the cause and effect relationship of his actions to help teach self-control.

5. Praise work well done and praise often. Continued rewards help the hyperactive child to keep on trying. If tasks at home are remembered and done well, continuously praise the child.

6. Never give up because the child will sense that the parent feels he is hopeless and will be afraid and insecure.

7. Feel free to be human. Make the best possible effort. Count the victories often and realize all people fail sometimes. (9)

HOW CAN PARENTS HELP THE CHILD LEARN?

1. Be sure the child is healthy. Have him examined by a pediatrician at least once a year. Have eyes and ears checked yearly. A visit to the dentist twice a year is a must.

2. Mother should fix a nourishing breakfast for her children and see them off to school with a smile. This provides a good feeling to start the day and energy for work.

3. Cooperate with the persons who are teaching the child. Be prompt in giving help asked for.

4. Set aside time to read to the child. Read on a variety of topics the books read. Exchange ideas.

5. Help the child select a book to read by himself. When he is choosing a book to read alone, open the book to the middle section. If there are more than two or three words he does not know the book is too difficult. Teach the child how to select a book he can read.

6. Provide a quiet time and place for reading. Keep the reading periods short at first. Ask the child to share what he has read. Listen, show interest, ask questions of a general nature.

7. Provide a comfortable, well-lighted and quiet place for study.

8. Give help with homework if asked, but do not try to be a teacher. (4)

9. Provide experiences at home that will teach. Allow the child to read a recipe, measure and mix the ingredients. Plan a trip. Figure the distance on the map. How much gasoline will be needed? Figure the expenses. Make a grocery list for the child to take and purchase the groceries. Have him shop for the best buys.

10. Play word games, board games, card games, dominoes. Have fun and learn, too.

11. Subscribe to the magazines he/she will read. Buy books through the school if possible. A child likes to own a book. If he buys the same book another child buys they can review it for their classmates.

12. Notice the kind of books the child likes and buy those or help him find them in the library.

13. During the summer encourage visits to the public library. Go with the child at first, if necessary. Encourage him to join the summer reading club.

14. Books that have a record with them are most enjoyable. Be sure the child can follow in the book as he hears the story read. If he cannot follow, point to the words for him or let him just look at the pictures as he listens.

15. Be sure the child goes to bed at a reasonable hour each night. A tired child does not learn well and this is even more true of a child with a learning disability.

ASSETS?

One of the most desirable traits the learning disabled child has is empathy. Because he knows what it is like to struggle he has concern for others who "don't fit." He will notice others who are having trouble very quickly and lend a helping hand. The values the learning disabled child has acquired will help him throughout life. The way he runs the race is more important than winning.

Learning disabled children have learned to persevere--to try, try, and try again. They must retrain, review, rewrite, reread, and restate. Perseverance is a rare quality.

Patience is a by-product of the learning disabled child's long struggle to achieve.

As adults these children will have more problems to face. Problem situations will not be new to them for they have had the best teacher--

experience. They should be able to live through pain as well as pleasure.

The average to superior intelligence is a great asset and time is on their side. As these children mature they learn to compensate for their disabilities and often go on to college or into a vocational skill if given early training. (2)

Make a list of assets and discover how many pluses your learning disabled child has.

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APPENDIX

BOOKS AND PAMPHLETS FOR PARENTS OF THE
CHILD WITH LEARNING DISABILITIES

- Brown, G. W. "Suggestions For Parents;" Reprint from Journal of Learning Disabilities, California Association for Neurologically Handicapped Children, P. O. Box 604, Main Office, Los Angeles, California, 90053. (Price 35¢)
- Clements, Samuel D. Some Aspects of the Characteristics, Management, and Education of The Child With Minimal Brain Dysfunction. Arkansas Association for Children With Learning Disabilities, Drawer A, Pulaski Heights Station, Little Rock, Arkansas, 72205. (Price 50¢)
- Edington, Ruth. Helping Children With Learning Disabilities, Developmental Learning Materials, 3505 North Ashland Avenue, Chicago, Illinois, 60657. (Price \$1.00)
- Golick, Margaret. Parents Guide to Learning Problems. Canadian Association For Children With Learning Disabilities, 88 Ellington Avenue East, Suite 322, Toronto, 315, Ontario, Canada. (Price \$100)
- Minde, K. M. D. A Parents' Guide To Hyperactivity in Children. Quebec Association for Children With Learning Disabilities, 4820 Van Horne Avenue, Montreal, Quebec, Canada. (Price \$1.00)
- Murphy, J. F. Listening, Language and Learning Disabilities, Educators Publishing Services, Cambridge, Massachusetts. (Price \$2.00)
- Wearne, Edward M. Points For Parents. Department of Psychology, Children's Hospital, Denver, Colorado. (Price 25¢)